

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET

SERIAL NO.  
10285259

FILING DATE

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	1					
2	1					
3	2					
4	0					
5	0					
6	0					
7	1					
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50						
TOTAL IND.	3					
TOTAL DEP.	5					
TOTAL CLAIMS	8					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL CLAIMS						